Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90254 041 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400085785

r. Corporation	Hame										
J & B C(Onstruction A	ssociates, in	IC.								
Principal Place	of Business		lailing Address					{85((45) (18 16)) 8;8() 88() 88()	IL BANK ARÎAL IA	181 B 1111 1 888 1 1	IELEI BISS IEES
11213 ELMHURST DRIVE 11213 ELMHURST DRIVE PINELLAS PARK FL 33782 US US								DO NOT WRIT	re in this s	SPACE	•
03		0.	,					3. Date Incorporated or Qualifed			
								01/02/1995			
2. Principal Pl	ace of Business	2a	. Mailing Address					4. FEI Number		Apr	plied For
21	•	26		_				59-3289103			t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	9 ,		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28	,					Trust Fund Contribution		Added to	o Fees
Zip	Countr	у	Zip	Cou	ntry			This corporation owes the current			
24 25			30			<u> </u>		Personal Property Tax.			CH(o
	9. Name and Addre	ess of Current Regi	stered Agent		041	Nama		0. Name and Address of New F	egisterea A	gent	
TIMO	H IOAN H				81	Name					
SMITH, JOAN H 11213 ELMHURST DRIVE PINELLAS PARK FL 34666					82	Street A	Address (P.O. Box Number is Not Acceptable)				
PINE	LLAS PARK FL 3466	ì6		[83						
					84	City			FL	85 Zip C	
office or re	enistered anent or hoth	in the State of Flori	607.1508, Florida Statu ida. Such change was a f, Section 607.0505, Flo	authonzed	DV I	tne comoi	corporat oration's	ion submits this statement for the board of directors. I hereby accept	purpose of o t the appoin	manging its iment as reg	registered gistered
SIGNATURE			Manufacture (NOT)	E. Busintand	Agant	t signature red	nau iirod subs	an reinetation\	DATE	~	
12.	Signature, typed or printed nam	OFFICERS AND DIR		13.	Agom	t signature rec	aquillo mil	ADDITIONS/CHANGES TO OF	_	DIRECTO	R\$ IN 12
TITLE	P .	NI IOLIKO MILO DIIK	☐ DELETE	1.1 TIT	lE.					Change	☐ Addition
NAME	SMITH, JOAN H			1.2 NA	ME	į				-	
STREET ADDRESS	11213 ELMHURST	DRIVE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FI	L 34666		1.4 CF	TY-ST	T-ZIP			_		
TITLE	٧		☐ DELETE	2.1 111	LΕ					☐ Change	Addition
NAME	SMITH, WILLIAM E	•		2.2 NA	ME						
STREET ADDRESS	11213 ELMHURST DRIVE				2.3 STREET ADDRESS						
CITY-ST-ZIP	PINELLAS PARK FI	L 34666		2.4 CI	TY-S	T-ZIP					
TITLE	☐ DELETE 3			3.1 TI	ΠE	Ì				☐ Change	☐ Addition
NAME !				3.2 NA	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	3.4. CI 4.1 Til		T-ZIP				☐ Change	☐ Addition
TITLE				4.1 JU		l		•			
NAME						ADDRESS					
STREET ADDRESS											
CITY-ST-ZIP			☐ DELETE	4.4 CF 5.1 TR		,- AIF		· · · · · · · · · · · · · · · · · · ·	_	☐ Change	☐ Addition
NAME				5.2 NA				್ರಾಕ್ಟ್ ಕ್ರಾಪ್ತಿಕ್ಕಾಗಿ	,	 	
STREET ADDRESS				5.3 ST	REET	ADDRESS		J. f -	-		
CITY-ST-ZIP				5.4 CF	TY-S1	T-ZIP					<u> </u>
TITLE			☐ DELETE	6.1 177	ΠLE	- 1		·	_	Change	Addition
NAME				6.2 NA	ME	ĺ					
STREET ADDRESS				6.3 ST	REET	ADDRESS					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: